

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Makoto SATO et al  
Serial No. : 09/650,351  
For : INFORMATION COMMUNICATION METHOD AND APPARATUS  
Filed : August 29, 2000  
Examiner : Min Jung  
Art Unit : 2663

745 Fifth Avenue  
New York, NY 10151

**EXPRESS MAIL**

Mailing Label Number: EV 385417098 US

Date of Deposit: March 15, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Charles Jackson

(Typed or printed name of person mailing paper or fee)

Charles Jackson

(Signature of person mailing paper or fee)

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of November 14, 2003, please amend this application as follows.

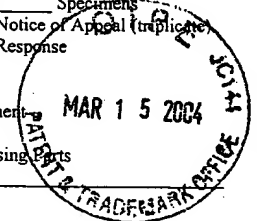
#3 03-15-04

Serial No. 09/650,351 File No. 450100-02667 By DMS/m.s  
Title in the Matter of the Application of SATO et al  
Applicant(s)/Inventor(s) SATO et al  
The following due 3/15/04 in the U.S. Patent Office, was received in the Patent Office  
☐ Affidavit ☐ Declaration ☒ Express Mail Mailing Label # EV385417098 US  
☒ Amendment ☐ (separate sheet)  
☐ Preliminary Amendment ☒ Check No. 30821 for \$ 110.00  
☐ Amendment After Final Rejection ☐ Deposit Account Order Form  
☐ Request for Extension of Time ☐ Drawing \_\_\_\_\_ Sheet(s)  
☐ Provisional Patent Application ☐ Information Disclosure Statement  
☐ Application for Patent, including ☐ PTO Form 1449  
           Pages Specification        Claims        Abstract ☐ Issue Fee/Publication Fee Transmittal  
☐ Declaration ☐ Oath ☐ Power ☐ Appeal Brief (triplicate) ☐ Letter  
☐ Request for Filing Continuation or Divisional ☐ Application for TM Registration  
    Application        sheets Including        Specimens  
☐ PCT Request        sheets, including ☐ Status Request ☐ Notice of Appeal (triplicate)  
☐ Transmittal Letter ☐ Petition ☐ Response  
☐ Request for Continued Exam (RCE) ☐ Priority Document  
☐ Assignment ☐ Recordation Cover Sheet ☐ Statement of Use  
☒ Amendment Fee Transmittal ☐ Response to Examiner's Statement  
☐ Claim of Priority ☐ Search Report  
☐ Request for Approval of Drawings ☐ Response to Notice to File Missing Parts  
☐ Diskette with Sequence Listing ☐

Mailed on 3/15/04

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☐ Provisional Patent Application ☐ Information Disclosure Statement  
☐ Application for Patent, including ☐ PTO Form 1449  
           Pages Specification        Claims        Abstract ☐ Issue Fee/Publication Fee Transmittal  
☐ Declaration ☐ Oath ☐ Power ☐ Appeal Brief (triplicate) ☐ Letter  
☐ Request for Filing Continuation or Divisional ☐ Application for TM Registration  
    Application        sheets Including        Specimens  
☐ PCT Request        sheets, including ☐ Status Request ☐ Notice of Appeal (triplicate)  
☐ Transmittal Letter ☐ Petition ☐ Response  
☐ Request for Continued Exam (RCE) ☐ Priority Document  
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New York, NY 10151

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.  
☒ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$110.00 is attached, which covers the cost of a petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Respectfully submitted,

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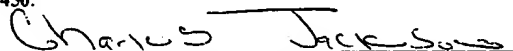
Date of Deposit: March 15, 2004

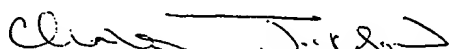
FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

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By: 

Dennis M. Smid  
Reg. No. 34,930  
Tel: 212-588-0800

  
(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)